

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name HOMEMADE ICE CREAM & PIE KITCHEN (HOMEMA)		Telephone Number Est 812-590-3580 Own 317-997-8997		Date of Inspection 04/29/2022	ID#
Address 3113 BLACKISTON MILL RD, NEW ALBANY IN 47150					
Owner CHARLIE HENSLEY		Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up 05/16/2022	Released 04/29/2022
Owner's Address 2104 PLANTSIDE DR LOUISVILLE, KY 46037				Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge THERESA ROBBEN					
Responsible Person's Email PK4@PIEKITCHEN.COM					
Certified Food Handler CHERRISH CURRY					
<small>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"</small>					
Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed display freezer for ice cream not working. Ice cream was moved to walkin freezer.	2 weeks
295		X		Observed food debris on can opener.	Today
297		X		Observed buildup of food debris under storage racks in walk-in freezer and cooler.	2 weeks
309		X	X	Observed womans exhaust fan not running.	5-16-22
411		X		Measured lightings above warewash sink at 25 footcandles. 70 ftc is minimum in this area. Observed light over laundry area to have no working bulbs. Each light fixture should contain the number of working bulbs it is designed for.	2 weeks
430		X		Observed missing ceiling tile in men's restroom.	2 weeks
431		X	X	Observed floors throughout kitchen and prep areas to have buildup of debris. Debris was able to be scraped off. It appeared sections of the concrete floors are not sealed causing increased accumulation. Scrape floors and clean, If concrete is unsealed in these area it should be sealed.	2 weeks
Summary of Violations C <u>0</u> NC <u>7</u> R <u>2</u>					
Received by (name and title printed):				Inspected by (name and title printed):	
				Thomas Snider CFS	
Received by (signature):				Inspected by (signature):	
				<i>Thomas Snider</i>	
cc:		cc:		cc:	